



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL.: 587-0460 FAX: 587-0470

715  
HSCPA

## LOBBYIST REGISTRATION FORM

(See back of this form for instructions)  
(Type or Print Clearly)

### PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Tatum	Bette	-	808-422-7002
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1588 Piikea Street	Honolulu	Hawaii	96818
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
-			
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)

### PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE		
Hawaii Society of Certified Public Accountants (HSCPA)	537-9475		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
900 Fort Street Mall, Ste 850, Honolulu	Hi		96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Kathy Castillo, HSCPA Executive Director		537-9475	
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
900 Fort Street Mall, Ste 850	Honolulu	Hi	96813

### PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy, Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

### PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

(Date)

### PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
Kathy Castillo	Executive Director		
NAME OF ORGANIZATION (if applicable)	TELEPHONE		
Hawaii Society of Certified Public Accountants	537-9475		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
P.O. Box 1754	Honolulu	Hawaii	96806
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
(Signature of Authorizing Officer or Person Represented)		(Date)	
Kathy Castillo		12/3/02	